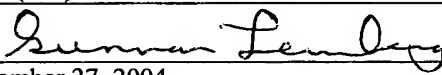
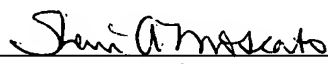




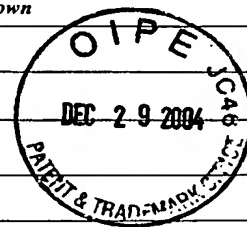
| | | | |
|---|----------------------|------------------------|-----------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/643,838 | |
| | Filing Date | August 19, 2003 | |
| | First Named Inventor | Liam Holmes et al. | |
| | Group Art Unit | 2839 | |
| | Examiner Name | Jean F. Duverne | |
| Total Number of Pages in This Submission | | Attorney Docket Number | 81762/321 |

| ENCLOSURES (check all that apply) | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Notice to File Missing Parts/Incomplete Application <input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number. |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual name | Gunnar G. Leinberg, Esq. Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1014 Fax: (585) 263-1600 |
| Signature |  Registration No. 35,584 |
| Date | December 27, 2004 |

| CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)] | |
|---|---|
| I hereby certify that this correspondence is being: | |
| <input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 | |
| <input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____ | |
| <u>December 27, 2004</u> Date |  Signature Sherri A. Moscato Typed or printed name |

| | | | |
|---|---------|----------------------|--------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="text-align: center;">FEE TRANSMITTAL FOR FY 2005</h2> | | Complete if Known | |
| | | Application Number | 10/643,838 |
| | | Filing Date | August 19, 2003 |
| | | First Named Inventor | Liam Holmes et al. |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Examiner Name | Jean F. Duverne |
| TOTAL AMOUNT OF PAYMENT | (\$375) | Art Unit | 2839 |
| | | Attorney Docket No. | 81762/321 |



METHOD OF PAYMENT (check all that apply)

☒ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☐ Deposit Account
 Deposit Account Number: 14-1138
 Deposit Account Name: Nixon Peabody LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-20238.

FEE CALCULATION

1. BASIC FILING, SEARCH AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple document claims | 360 | 180 |

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**
 41 - 38 or HP = 3 x \$25 = \$75 **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 9 - 6 or HP = 3 x \$100 = \$300

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
 _____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

| | | | |
|-------------------|--------------------|---|--------------------------|
| Signature | | Registration No. 35,584 (Attorney/Agent) | Telephone (585) 263-1014 |
| Name (Print/Type) | Gunnar G. Leinberg | Date | December 27, 2004 |

CERTIFICATE OF MAILING OR TRANSMISSION [35 CFR 1.8(a)]

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on December 27, 2004.

Signature:

Name: Sherri A. Moscato

SEND TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Tfu

PATENT
Docket No.: 81762/321

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | | | |
|------------|---|----------------------------------|---|-----------------|
| Applicants | : | Liam Holmes and Martin O'Donnell |) | Examiner: |
| | | |) | Jean F. Duverne |
| Serial No. | : | 10/643,838 |) | |
| | | |) | Art Unit: |
| Cnfrm. No. | : | 4909 |) | 2839 |
| | | |) | |
| Filed | : | August 19, 2003 |) | |
| | | |) | |
| For | : | A HANDLE LOCKING SYSTEM FOR |) | |
| | | ELECTRICAL CONNECTORS AND |) | |
| | | METHODS THEREOF |) | |

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the October 5, 2004, office action, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 10 of this paper.

12/30/2004 HVUONG1 00000048 10643838

| | |
|------------|-----------|
| 01 FC:2202 | 75.00 OP |
| 02 FC:2201 | 300.00 OP |